

Fill in this Information to identify the case:

Debtor 1 DAVID CHARLES NICHOLLS  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

**United States Bankruptcy Court for the District of Utah**

Case number: 19-29131

*ilvr*  
FILED\* US Bankruptcy Court-UT  
APR 2 2025 AM 11:48

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: 131.09

Claimant's Name:

DAVID C. NICHOLLS

Claimant's Current Mailing Address, Telephone Number, and Email Address:

P.O. Box 680016  
PARK CITY, UTAH 84068  
Robstedgold@gmail.com

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☒ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

4. Notice to United States Attorney

Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042 at attached a Certificate of Service to this application.

Office of the United States Attorney  
for the District of Utah  
111 South Main Street, Suite 1800  
Salt Lake City, Utah 84111

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 3/17/25

Signature of Applicant David C. Nicholls

Printed Name of Applicant

David C. Nicholls

Address: P.O. Box 680016  
Park City, UT 84068

Telephone: 310-383-6855

Email: Bobsledgold@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable) \_\_\_\_\_

Printed Name of Co-Applicant (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

6. Notarization

STATE OF VT

COUNTY OF SMITH

This Application for Unclaimed Funds, dated 3/17/2025 was subscribed and sworn to before me this 17th day of March, 2025 by

David Nicholls

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

Whitney Bryant

My commission expires: 9/30/2026

6. Notarization

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

Debtor 1

First Name

Middle Name

Last Name

Debtor 2

(Spouse, if filing)

First Name

Middle Name

Last Name

**United States Bankruptcy Court for the District of Utah**

Case number: \_\_\_\_\_

**NOTICE OF OBJECTION DEADLINE**

**PLEASE TAKE NOTICE** that the attached Application to Pay Unclaimed Funds has been filed with the United States Bankruptcy Court for the District of Utah.

**Right to Object.** Any party in interest who objects to the Application for Payment of Unclaimed Funds being sought in this Application must, within twenty-one (21) days of the mailing of this Application, file an objection or other appropriate response to this Application with the:

**United States Bankruptcy Court  
District of Utah  
Room 301  
350 South Main Street  
Salt Lake City, UT 84101**

**CERTIFICATE OF SERVICE BY MAIL OR OTHER MEANS**

I hereby certify that on 3/30/25 (date), I caused to be served a true and correct copy of the foregoing Application for Payment of Unclaimed Funds and all attachments as follows:

**Office of the United States Attorney  
District of Utah**

111 South Main Street, Suite 1800  
Salt Lake City, UT 84111

☒ **By Mail: First-class U.S. mail, postage pre-paid**

☐ **By Hand Delivery**

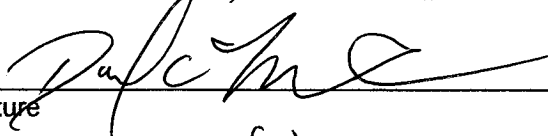
☐ **By Other Means (Describe):**

OFFICE OF UNITED STATES  
ATTORNEY DISTRICT OF UTAH

111 S. MAIN ST STE 1800  
SALT LAKE CITY, UT  
84111.

<b>Debtor</b> Name: <u>David C. Nichols</u> Address: <u>P.O. Box 680016</u> <u>Park City, UT 84068</u>	<input type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input checked="" type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): _____ _____ _____
<b>Debtor's Attorney</b> Name: <u>Josh Green</u> Address: <u>Green Legal Group</u> <u>10808 S. River Front PKWY</u> <u>Suite 3082</u> <u>South Jordan, UT 84095</u>	<input checked="" type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): _____ _____ _____
<b>If Claimant is not the original creditor or payee, the Individual or Entity for whom the funds were deposited:</b> Name: _____ Address: _____ _____ _____	<input type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): _____ _____ _____

Dated this 30 Day of March, 2025.

  
Signature

David C. Nichols  
Printed Name

**Privacy Policy**

Applicant shall redact only the following personal data identifiers from the Application and any supporting documentation attached to the Application before filing such documents: (i) all but the last four digits of a social security number or a tax ID number; (ii) all names of minor children (use minors' initials); (iii) all but the last four digits of any bank, savings, or similar account numbers; and (iv) all birth date information except the year.

***The responsibility for redacting personal data identifiers rests solely with the filing party.***